

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	2	1	11/21/01
2	3	2	11/21/01
3	4	3	
4	5	4	
5	6	5	
6	7	6	N
7	8	7	
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9	10	9	
10	11	10	
11	12	11	
12	13	12	
13	14	13	
14	15	14	N
15	16	15	
16	17	16	
17	18	17	
18	19	18	
19	20	19	
20	21	20	
21	22	21	
22	23	22	N
23	24	23	
24	25	24	
25	26	25	
26	27	26	
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29	30	29	
30	31	30	
31	32	31	
32	33	32	
33	34	33	N
34	35	34	
35	36	35	
36	37	36	
37	38	37	
38	39	38	
39	40	39	
40	41	40	
41	42	41	N
42	43	42	
43	44	43	
44	45	44	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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